


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90382 033 \*\*\*150.00

<b>DOCUMENT # P93000062112</b>	
1. Entity Name <b>CHARLES P. GODELS, P.A.</b>	

Principal Place of Business <b>770 FIRST AVE N. ST PETERSBURG, FL 33701 US</b>	Mailing Address <b>770 FIRST AVE N. ST PETERSBURG, FL 33701 US</b>
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2. Principal Place of Business <b>5113 CENTRAL AVE</b>	3. Mailing Address <b>5113 CENTRAL AVE</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>ST. PETERSBURG FL</b>	City & State <b>ST. PETERSBURG, FL</b>
Zip <b>33710</b>	Zip <b>33710</b>
Country <b>FLA</b>	Country <b>FLA</b>



04272006 Chg-P CR2E034 (11/05)

4. FEI Number <b>59-3199893</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required
6. Name and Address of Current Registered Agent <b>GODELS, CHARLES P 770 FIRST AVE N SAINT PETERSBURG, FL 33701</b>		7. Name and Address of New Registered Agent Name <b>GODELS, CHARLES P.</b> Street Address (P.O. Box Number is Not Acceptable) <b>5113 CENTRAL AVE</b> City <b>ST. PETERSBURG</b> FL Zip Code <b>33710</b>

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GODESL, CHARLES P 770 FIRST AVE N SAINT PETERSBURG, FL 33701 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PST GODELS, CHARLES P. 5113 CENTRAL AVE ST. PETERSBURG, FL 33710</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**  **CHARLES P. GODELS** 727-322-5111  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #